

LARSON > NEWMAN

Intellectual Property Law

**RECEIVED
CENTRAL FAX CENTER**AUG 15 2006**FACSIMILE COVER SHEET**

DATE: August 15, 2006

TO: EXAMINER: Christopher L. Gilligan FAX NO.: 571-273-8300
GAU: 3626FROM: John R. Schell
Reg. No. 50,776

U.S. APP NO.: 09/992,036

FILING DATE: November 23, 2001

APPLICANT(S): Michael D. Dahlin

ATTY DKT NO.: 1039-0040

TITLE: SYSTEMS AND METHODS FOR DOCUMENTING MEDICAL
FILINGS OF A PHYSICAL EXAMINATION

NO. OF PAGES (INCL. COVER SHEET): 16

Attached please find:

- Transmittal Form (1 pg(s))
- Fee Transmittal (1 pg(s))
- Request for Continued Examination (1 pg(s))
- Amendment in Support of RCE (12 pg(s))

CONFIDENTIALITY NOTE

The pages accompanying this facsimile transmission contain information from the law office of LARSON NEWMAN ABEL POLANSKY & WHITE, LLP and are confidential and privileged. The information is intended to be used by the individual(s) or entity(ies) named on this cover sheet only. If you are not the intended recipient be aware that reading disclosing copying distribution or use of the contents of this transmission is prohibited. Please notify us immediately if you have received this transmission in error at the number listed above and return the document to us via regular mail.

LARSON NEWMAN ABEL POLANSKY & WHITE, LLP

5914 West Courtyard Drive, Ste. 200 • Austin, TX • 78730 • Phone: 512-439-7100 • Fax: 512-439-7199

PAGE 1/16 * RCVD AT 8/15/2006 2:34:30 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/5 * DNI:2738300 * CSID:512 327 5452 * DURATION (mm:ss):03:10

AUG. 15. 2006 1:39 PM

LNAPW 512-327-5452

RECEIVED
CENTRAL FAX CENTER

NO. 8633 P. 2

AUG 15 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

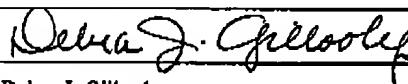
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number 09/992,036
		Filing Date November 23, 2001
		First Named Inventor Michael D. Dahlin
		Art Unit 3626
		Examiner Name Christopher L. Gilligan
Total Number of Pages in This Submission 15		Attorney Docket Number 1039-0040

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Request for Continued Examination (1 pg)
Remarks		
CUSTOMER NO.: 34456		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP	
Signature		
Printed name	John R. Schell	
Date	8-15-06	Reg. No. 50,776

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name	Debra J. Gillooly	Date 8-15-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AUG 15 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL
For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
840.00

Complete If Known

Application Number	09/992,036
Filing Date	November 23, 2001
First Named Inventor	Michael D. Dahlin
Examiner Name	Christopher L. Gilligan
Art Unit	3626
Attorney Docket No.	1039-0040

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3797 Deposit Account Name: Larson Newman Abel Polinsky & White, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)
50

Each independent claim over 3 (including Reissues)

Fee (\$)
200

Multiple dependent claims

Fee (\$)
360

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

27 - 20 or HP = 7 x 50.00 = 50.00

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$)

Fee (\$) Fee Paid (\$)

3 - 3 or HP = 0 x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination

790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 50,776	Telephone 512-439-7100
Name (Print/Type)	John R. Schell		Date 8-15-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.